

TRAVEL EXPENSE CLAIM

-CIVILCODE SECTION 1798.17

STD. 262 (Rev 6/93) DMH-001

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CLAIMANT'S NAME Stephen W. Mayberg				SSN OR EMPLOYEE NUMBER* on file				DEPARTMENT Mental Health			
POSITION Director		CBID E99		DIVISION OF BUREAU Director's Office				INDEX NUMBER 461-500			
RESIDENCE ADDRESS* on file				HEADQUARTERS ADDRESS 1600 Ninth Street				TELEPHONE NUMBER 654-2309			
CITY CA		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814	

(1) MNTH/YR Dec 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
12/5	0445	Washington DC	228.22	6.00	10.00	18.00		*490.40 16.00	pc/ca cab	9.00	21	11.55		789.17
12/6			228.22			18.00	6.00			9.00				261.22
12/7			228.22			18.00	6.00			9.00				261.22
12/8	2115	return			10.00	18.00	6.00		pc/ca	9.00	21	11.55		54.55
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(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

12/5 -8: Director to attend and present at the National Association of State Mental Health Program Directors Winter 2009 Commissioner Meeting.

* Direct pay

(12) Normal Work Hours
8:00 a.m. to 5:00 p.m.




(13) Pvt Vehicle License #
on file

(14) Mileage Rate Claimed

\$ 0.55

ONLY
Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 			DATE